

**NEBRASKA DEPARTMENT OF INSURANCE  
P.O. BOX 82089  
LINCOLN, NE 68501-2089**

**REGISTRATION TO TRANSACT BUSINESS AS AN ENTITY NAVIGATOR  
PURSUANT TO Neb.Rev.Stat. §44-8804.**

1. Name of Applicant: \_\_\_\_\_
2. Federal I.D. # \_\_\_\_\_ Date Incorporated \_\_\_\_\_  
D/M/Y
3. Principal Business Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code Telephone #
4. Mailing Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code Telephone #
5. Submitter's name: \_\_\_\_\_ Email Address: \_\_\_\_\_
6. Submit with the registration a list of all individual navigators that this entity employs, supervises, or is affiliated with.
7. Remit with the application a check in the amount of \$50.00 in payment of the application fee.

(OVER)

I DECLARE IN THE APPLICATION UNDER PENALTY OR REFUSAL, SUSPENSION, OR REVOCATION OF THE REGISTRATION THAT THE STATEMENTS MADE IN THE APPLICATION ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**SIGN ►  
HERE**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Article 88 – Health Insurance Exchange Navigator Registration Act:  
<http://uniweb.legislature.ne.gov/laws/browse-chapters.php?chapter=44>